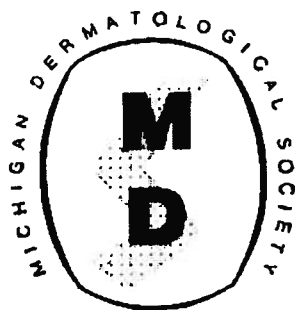


October 7, 2013

The Honorable Hugh D. Crawford
Chair, House Regulatory Reform Committee
124 North Capitol Avenue
P.O. Box 30014
Lansing, MI 48909-7514



Dear Chairman Crawford,

On behalf of the 12,600 U.S. members of the American Academy of Dermatology Association (AADA), I am writing to share our support for HB 4405. As dermatologists, we dedicate our lives to promoting habits in our patients that ensure healthy skin. The AADA is extremely concerned with the growing patronage of indoor tanning facilities by adolescents, and urge you and your colleagues to take the necessary steps to protect Michigan's teens from the dangers of indoor tanning.

Tanning Device Use is as Carcinogenic as Tobacco Smoking

Ultraviolet (UV) radiation from tanning beds has been classified as a known human carcinogen by the US Department of Health and Human Services, and is recognized as "carcinogenic to humans" by the World Health Organization's International Agency for Research on Cancer in the same category as tobacco and tobacco smoking, mustard gas, and asbestos.¹ In addition, the Centers for Disease Control and Prevention's Healthy People 2020 goals include an objective to reduce adolescent use of indoor tanning devices.²

In recognition of the dangers associated with tanning devices, the U.S. Food and Drug Administration (FDA) recently proposed changes to its regulation of tanning beds, including a strong recommendation against the use of tanning beds by minors under the age of 18. The proposal would raise the classification for sunlamps and tanning beds to a Class II level, which institutes stricter regulations to protect public health. This new proposal would require tanning bed and lamp manufacturers to label the devices so that they clearly inform consumers about the risks of using tanning beds; warn frequent users of sunlamps to be regularly screened for skin cancer; and alert users that tanning lamps are not recommended for people under 18 years old.

There is no such thing as a "safe" tan. UV radiation damages the skin's DNA, which is the beginning stage of skin cancer. Use of indoor tanning beds has been linked to melanoma, basal cell carcinoma, squamous cell carcinoma, molecular damage of the skin, and other acute damage to the eyes and skin, and should be avoided.

HB 4405 would prohibit minors under 18 from using UV indoor tanning devices.

Indoor Tanning Significantly Increases One's Risk of Developing Skin Cancer

Epidemiologic data suggest that most skin cancers can be prevented if children, adolescents, and adults are protected from UV radiation. However, the deadliest form of skin cancer, melanoma, is the most common form of cancer for young adults 25-29 years old and the second most common form of cancer for adolescents and young adults 15-29 years old. A study published in the International Journal of Cancer found that compared with study participants who had never used a tanning bed the risk of melanoma was 41%



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¹ IARC Working Group. Special Report: Policy; A review of human carcinogens –Part D: radiation. *Lancet Oncology* 2009; 10: 751-52.

² US Department of Health and Human Services. Healthy People 2020. www.healthypeople.gov/hp2020/Objectives, accessed 22 Nov 2010.

higher for those who had ever used a tanning bed, and was approximately doubled for those who reported more than 10 lifetime sessions.³

Indoor tanning is no longer only a risk factor for melanoma. New evidence demonstrates that ever-use of indoor tanning beds is associated with a 69% increased risk of early-onset basal cell carcinoma (BCC), the most common form of skin cancer. Risk of developing BCC was also higher in those who begin indoor tanning at earlier ages.⁴

Prohibiting use of indoor tanning for all minors under the age of 18 is critical to preventing future skin cancers. Survey data indicate use of these devices increases with each year of adolescence: indoor tanning rates among 14-, 15-, 16-, and 17-year-old girls in the past year were 5%, 13.6%, 20.9%, and 26.8%, respectively.⁵

Tanning Industry Consistently Misleads Customers

In January 2010, the Federal Trade Commission charged the Indoor Tanning Association (ITA) with making false health and safety claims about indoor tanning. The ITA is now prohibited from making any false health claims, misrepresenting any tests or studies, and cannot provide deceptive advertisements to its members. Moreover, future advertisements from the association must contain disclosures regarding the risk of developing skin cancer and disclosures about vitamin D.

In February 2012, the US House of Representatives Energy and Commerce Committee released an investigative report detailing false and misleading health information provided by the indoor tanning industry. This investigation revealed that salons described the suggestion of a link between indoor tanning and skin cancer as a "myth," "rumor," or "hype." It also revealed that four out of five tanning salons falsely claimed that indoor tanning is beneficial to a young person's health. In fact, salons used many approaches to downplay the health risks of indoor tanning, including blaming the use of sunscreen as a reason for rising rates of skin cancer in the US. Many of the salons tried to validate the safety of indoor tanning by alluding to the fact that unsafe practices would not be allowed by the government. The Committee's report reconfirms that stronger state and federal laws are needed to provide oversight of this industry.⁶

Despite Legislative Gains, Increased Regulation Continues to be Necessary

Tanning advocates often argue that additional regulation of their industry is not necessary. Yet, despite some progress, the tanning industry remains highly unregulated and studies have indicated that state laws requiring parental consent are ineffective at curbing this dangerous activity. Furthermore, commercial indoor tanning facilities are prevalent in the US, with an average of 42 tanning salons per major US city. This number exceeded the number of Starbucks and McDonalds in most locations.⁷

Although 40 states, including the District of Columbia, and ten local jurisdictions regulate indoor tanning facilities, more must be done. The AADA believes protecting the public, especially adolescents, and requiring appropriate oversight of the indoor tanning industry is crucial to promoting public health and reducing overall health care costs. According to the National Cancer Institute, the estimated total direct cost associated with the treatment of melanoma in 2010 was \$2.36 billion.⁸ Of course, these figures do not begin to account for the tragic loss of life from this menacing disease.

I urge you and your colleagues to support HB 4405 in order to protect adolescents and young adults from the dangers of indoor tanning in Michigan. I appreciate the opportunity to provide written

³ Cust AE, Armstrong BK, Goumas C, Jenkins MA, Schmid H, Hopper JL et al. Sunbed use during adolescence and early adulthood is associated with increased risk of early-onset melanoma. *Int J Cancer* Jul 28, 2010.

⁴ Ferruci LM, Cartmel B, Molinaro AM, Leffell DJ, Bale AE, Mayne ST. Indoor tanning and risk of early-onset basal cell carcinoma. *J Amer Acad Dermatol* Doi: 10.1016/j.jaad.2011.11.940. Published online December 8, 2011.

⁵ Mayer JA, Woodruff SI, Slymen DJ, Sallis JF, Forster JL, Clapp EJ et al. Adolescents' use of indoor tanning: a large-scale evaluation of psychosocial, environmental, and policy-level correlates. *Am J Public Health* 2011;101:930-8.

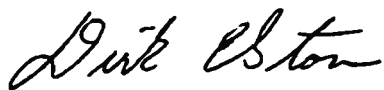
⁶ US House Committee on Energy and Commerce. False and Misleading Health Information Provided to Teens by the Indoor Tanning Industry Investigative Report. <http://democrats.energycommerce.house.gov/sites/default/files/documents/Tanning%20Investigation%20Report%202.1.12.pdf>, accessed 20 Feb 2012.

⁷ Hoerster KD, Garrow RL, Mayer JA, Clapp EJ, Weeks JR, Woodruff SI, Sallis JF, Slymen DJ, Patel MR, Sybert SA. "Density of indoor tanning facilities in 116 large U.S. cities." *Am J Prev Med* 2009; 36 (3): 243-46.

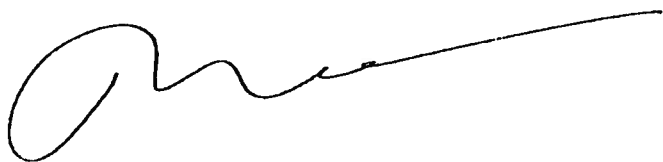
⁸ "The Cost of Cancer." National Cancer Institute at the National Institutes of Health. 2011. www.cancer.gov/aboutnci/servingpeople/cancer-statistics/costofcancer (accessed 26 Aug. 2011).

comments on this important public health issue. For further information, please contact Lisa Albany, assistant director of state policy for the AADA, at LAlbany@aad.org or (202) 712-2615.

Sincerely,

A handwritten signature in cursive script that reads "Dirk Elston".

Dirk M. Elston, MD, FAAD
President, American Academy of Dermatology Association

A handwritten signature in cursive script that reads "Michael A. Dorman".

Michael A. Dorman, MD, FAAD
President, Michigan Dermatological Society

